#### **DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



July 18, 2007

ALL COUNTY LETTER NO. 07-26

TO: PERFORMANCE MEASUREMENT COUNTY WELFARE DIRECTORS

SUBJECT: FNS-209 REPORT VALIDATION

REASON FOR THIS TRANSMITTAL
[ ] State Law Change [ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by
One or More Counties
[X] Initiated by CDSS

In January 2006, the United States Department of Agriculture (USDA) conducted a review of the FNS-209 Report that is completed by the counties on overissuance claims establishment and collection activities in the Food Stamp Program. At the conclusion of the review, USDA raised serious concerns about the accuracy of the information contained in these reports.

As a result, USDA has requested that all information contained in the FNS-209 be verified for accuracy. This can be satisfied by the 19 Performance Measurement Counties (PMC) validating the FNS-209 April – June 2007 quarter. The county must focus on three accountability tests to validate the accuracy of the FNS-209 (recipient claims). These three tests consist of:

- 1. Assurance that the information reported on the FNS-209 Report is accurate and can be supported with internal accounting records.
- 2. Assurance that the beginning and ending balances on the FNS-209 Report are supported by the automated claims management systems and paper records.
- 3. Assurance that backlogs in the number of claims established have been reduced to reasonable or acceptable levels in accordance with Food Stamp Regulations [7 CFR 273.18(d)].

The 19 PMCs may use either reviewers or auditors to accomplish the validation. The reviewer/auditors can be either county employees or external contractors as long as they are not normally involved in the preparation of the FNS-209 Report. To test whether claims are established timely, the county may use Food Stamp Quality Control sample cases with overpayment errors to determine if claims were established within required timeframes. Please note that this validation review will be subject to USDA review.

Attached are the USDA guidelines (Recipient Claims Management) to be used in performing your validation of the FNS-209 Report. Along with your validation report, the county must maintain a description of how the information on the FNS-209 Report

was validated. In addition, counties must report existing claims backlogs that impact this report and develop a corrective action plan to address the backlog. The results of this validation are to be submitted by August 31, 2007 to:

California Department of Social Services Fund Accounting & Reporting Bureau 744 P Street, MS 13-72 Sacramento, California 95814

If the validation process finds errors in the FNS-209 Report, the following actions must occur immediately:

- If there are missing quarterly reports, the county must go back to complete and submit the missing reports. In addition, the county must submit a one-time adjustment report to correct the errors.
- If there are minor calculation errors, the county must submit a one-time adjustment report, if necessary, to correct the beginning and ending balance.
- If the county reported incorrectly on the FNS-209 Report, the county must go back to the point that the error occurred (a maximum of three years) and amend each incorrect report to ensure an accurate beginning and ending balance.

All the above corrections must be reflected on the most current quarterly report.

Because of the fiscal implications of the FNS-209 Report, the USDA has indicated that a review may be conducted annually. We anticipate additional instructions may be forthcoming after the first round of reviews is completed.

For your convenience, the USDA instructions for the preparation of the FNS-209 Report are also attached. If you have any questions regarding these instructions, please contact Christine Wong, Chief, Fund Accounting and Reporting Bureau, at (916) 654-1630 or by email at <a href="mailto:christine.wong@dss.ca.gov">christine.wong@dss.ca.gov</a>.

If you have any questions regarding this letter, please contact Teena Arneson, Fraud Program Manager, at (916) 263-5725 or by email at <a href="mailto:teena.arneson@dss.ca.gov">teena.arneson@dss.ca.gov</a>.

Sincerely,

#### Original Document Signed By:

CHARR LEE METSKER
Deputy Director
Welfare to Work Division

Attachments

c: CWDA Dave Bailey, USDA WRO

# FOOD STAMP PROGRAM NATIONAL PRIORITY AREAS

# **FY 2007**

A Guide for California State Agency Review Teams



**United States Department of Agriculture Food and Nutrition Service** 

August 2006

### 1. Program Access

**Related Functional Areas:** Benefit Delivery, Caseload Management, Civil Rights, Certification, Complaints, Hearings, Staffing/Organization, Training

#### State

ME: (suggested methods)

- Conduct Program Access Reviews of local operations using the methodology contained in the FNS' "Food Stamp Program Client Access Review Guide for Regional Offices," August 2000. Adapt the guide for use by State-level ME staff. Instead of the office selection criterion on Page 8 of the review guide, conduct an access review in each project area or management unit due for an ME according to the approved schedule. Adjust minimum sample size requirements based on the participation data for the particular local office being evaluated.
- Review activity should include:
  - 1. Participation Data Analysis
  - 2. Gathering of Initial Local Office Information
  - 3. Case File Reviews of Initial Certifications, Denied Applications, and Terminations (The reviewer will need to review hard copy paper files unless the State agency has a scanner for a paperless system.)
  - 4. Staff Interviews
  - 5. Client Interviews
  - 6. Local Advocate or Grassroots Organization Interviews
  - 7. Observation of Office Functions
  - 8. Inclusion of Program Access Issues in ME Entrance and Exit Conferences
  - 9. Inclusion of Program Access Review Findings in ME Reports to the FNS Regional Office.
  - 10. Timeliness of Application Processing to ensure that offices are meeting the regulatory guidelines for processing new applications within 30 days and expedited applications within 7 days of the date of application.
  - 11. Report on best practices of noteworthy creativity and effectiveness. Follow the promising practice report form issued July 9, 2004. The form is on the FSP web page at <a href="http://www.fns.usda.gov/fsp/rules/Memo/04/070904.htm">http://www.fns.usda.gov/fsp/rules/Memo/04/070904.htm</a>

## 2. Assessment of Corrective Action

Related Functional Areas: Administrative Funds, Audits/Monitoring

State ME: (suggested methods)

- Examine performance data for each local project area or management unit scheduled for review, including findings from past ME Reviews, to confirm adequate Corrective Action Plans are in place where indicated.
- Where plans are in place, determine if the corrective actions are being taken

- accordingly and are effective.
- Review a sample of case records containing actions which are error prone.
- Re-evaluate the causes of errors and deficiencies persisting over time and assess the quality and scope of the corrective action plans being followed unsuccessfully.
- Require the local project area or management unit to submit new or updated plans timely if indicated.

## 3. Recipient Claims Management

# State ME: (suggested methods)

For each project area or local office scheduled for review, or organizational unit as appropriate based on the State's claims management structure :

- Review case records to determine the timeliness of referrals made by local office staff to claims establishment personnel.
- Review case records to ensure they contain documentation supporting claim referrals and establishments.
- Use the FNS-provided self-assessment guide or similar tool as necessary to assess claims management.
- For States in which claims processing is decentralized, review local operations to determine the validity of amounts contained in reports to the State agency. Evaluate the local office's performance on claims establishment, collections, posting new information to accounts, and the management of debts. Where the clams function is decentralized, use the following general procedures for the review:
  - 1. Validate the FNS-209 Report examining source documentation to determine the accuracy of the amounts entered on these reports and the timeliness of claims establishment and posting of entries to the system. Ensure there are detailed records supporting the FNS-209's beginning balance. The claims self-assessment guide or similar may be used as a tool to facilitate this effort.
  - 2. Ensure there are detailed records supporting the FNS-209's beginning balance.
  - 3. Assess performance on handling newly established claims. Examine the time span between discovery of an overissuance (as defined by the State) and the establishment of the claim to determine whether this is being completed in accordance with the FNS standard or an approved State plan. Assess performance on collections and the procedures in place for updating account records when payments are made or recoupment takes place.
  - 4. Ensure that any significant variation from the normal patterns in the data over reporting periods is not due to inaccurate reporting. The prevalence of manual corrections made to source documentation should be explored as an indication of inadequate accounting procedures.
  - 5. Consult technical guides where necessary for further instruction.

- For States in which claims collection is decentralized, review local operations to assess performance in the Treasury Offset Program (TOP) using the following general procedures:
  - 1. Ensure that the office is properly performing all pre-offset processes:
    - determining eligible debts
    - sending proper notice to the households
    - completing reviews when requested
    - researching/updating records to reflect deceased individuals, different names, etc.
  - 2. Proper submission/maintenance of the debt.
    - adding eligible debts at least quarterly
    - maintaining debts (submitting weekly updates bankruptcy, recoupment, balance adjustments, reporting State refunds, etc.)
    - correcting rejected reports (unprocessable) and resubmitting
  - 3. Use of online system.
    - to identify and correct debtors with name changes found through the non-offset reports
    - to update information in TOP
  - 4. Timely recording of collections.
    - post offsets and reversals to debtors' accounts
    - issue refunds for overcollections
    - report collections on the FNS-209
  - 5. Consult technical guides where necessary for further instruction.

#### 4. Nutrition Education

### State ME:

(suggested methods)

- Conduct on-site nutrition education reviews of local operations in at least two project sites to ensure that operations comply with the requirements of the Nutrition Education State Plan Guidance and are consistent with the approved Plan. Copies of the reviews should be submitted to the Regional Office as they are completed.
- Review activity should include at a minimum:
  - 1. Review of financial integrity to include the documentation and identification of costs, identification of state match sources and costs are properly allocated.
  - 2. Account for any program income.
  - 3. Ensure that appropriate time and effort reporting documents are kept.
  - 4. Observation of Nutrition Education delivery to ensure that it is consistent with methods approved in the State Nutrition Education Plan
  - 5. Review of targeting and delivery to Food Stamp Program eligibles.

# 5. Employment and Training (E&T) Program

Related Functional Areas: Certification, Caseload Management

#### State ME (suggested Methods)

For States with decentralized E&T Programs, review at least three local level E&T Programs to ensure compliance with allowable Federal financial practices as follows:

- Participant Reimbursements: Are reimbursements to clients only for costs reasonably necessary and directly related to E&T participation? Are the reimbursements for components in the approved plan? 273.7(d)(2)(iii)(C)
- Actual Costs, In-Kind Matching, and Records: a) Are all financial claims made to the State and FNS supported by appropriate documentation; b) Are the financial claims for components in the approved plan and consistent with the approved budget?
- <u>E&T Financial Policy</u>: Ensure compliance with guidance on allowable costs, allowable components, participant reimbursements, 50/50 reimbursements; and operations are consistent with the terms of the approved plan.

# 6. Food Stamp Issuance/Electronic Benefits (EBT) Transfer

State ME, if the function is done at the local/county level (suggested methods)

- Security: Verify compliance with the regulations at 7 CFR 274.12(i)(3) and 274.3(d)(ii)(2) regarding the security of the EBT system, specifically addressing who has access to the system and separation of duties. The regulations require that issuance responsibilities are divided between at least two persons to prevent any single individual from having complete control over the authorization of issuances and the issuances themselves. Responsibilities to be divided include maintenance of inventory records, assembly of benefits and preparation of envelopes for mailing. If issuance functions in an office are handled by one person, a second-party review shall be made to verify card inventory, the reconciliation of the mail log, and the number of mailings prepared. (Issuance procedures will depend on whether the State agency issues cards through a centralized mailing system or overthe-counter in local offices.)
  - a) Review and document the security procedures in place to ensure that whoever is responsible for determining client eligibility is not also responsible for issuing benefits/EBT cards to clients. Ensure that eligibility workers do not have access to the EBT administrative terminals and that cases

- cannot be established on EBT administrative terminals by examining daily management reports.
- b) Determine who decides which state and county employees have access to the EBT system, and verify that state and county employees who no longer work in the EBT field no longer have access to the EBT system. Document the process used to assign access rights to the EBT system, and determine how this process is tracked and how often it is monitored. Sample questions that may aid the reviewer in determining the State's compliance with this target area, are provided as an attachment.
- Security: Determine compliance with the regulations at 7 CFR 274.12(i)(3)(i) regarding the security of stored EBT cards. Examine what storage and control measures have been established to control blank unissued and returned EBT cards and PINs. (Storage of regular card stock will depend on whether cards are issued through a centralized mailing system or over-the-counter in local offices.)
  - a) Review and document the security procedures in place to limit access to EBT card stock, including any cards that have been returned after they have not reached the intended clients.
  - b) Determine who has access to stored EBT cards, how card stock is inventoried, including how returned cards are logged, statused, and destroyed. Sample questions that may aid the reviewer in determining compliance with this target area, are provided as an attachment.

# OTHER MONITORING REQUIREMENTS

Civil Rights Compliance reviews may be completed in conjunction with the State's Management Evaluation Reviews. For guidance, see FNS Instruction 113-1, dated September 29, 2005.

#### FNS-209, THE STATUS OF CLAIMS AGAINST HOUSEHOLDS

The FNS-209, Status of Claims Against Households is a Federal report which documents State agency (SA) activities relating to recipient claims during the report quarter and the status of claims from previous quarters.

The purpose of the report is to:

- \* Determine the number and amount of established Federal claims
- \* Determine the amount of collections of Federal claims
- \* Determine the outstanding balance of Federal claims
- \* California Food Assistance Program (CFAP) claims and collections are **not** reported on the FNS-209

The FNS-209 is due to FNS by the 30th day following the end of the report quarter. The report quarters are based on the Federal Fiscal Year (FFY) which end on December 31, March 31, June 30, and September 30.

Note: California has a waiver extending the due date by 20 days. In order for the Fund Accounting and Reporting Bureau (FARB) to meet this extended due date, the counties must submit their reports to the FARB by the 30 day due date. Therefore, the county must submit their 209 to FARB no later than:

January 30 April 30 July 30 October 30

#### LINE BY LINE INSTRUCTIONS

Line 1a: Enter your county name
Line 1b: State code for CA is 06
Line 2a: Enter the FFY quarter

1 - ends in December
2 - ends in March
3 - ends in June
4 - ends in September

Line 2b: Enter FFY

#### Claims Summary:

All entries must be in the proper category

- \* Intentional Program Violation (IPV), aka Fraud
- \* Inadvertent Household Error (IHE)
- \* State Agency Administrative Error (SAE)

#### Line 3a, Beginning Balance

Report the number and total value of all active and suspended claims as shown on the ending balance (line 13) of the previous quarter's report. No adjustments are ever allowed to line 3a. In order to correct an inaccurate Beginning Balance, adjustments must be made to either Line 3b, Balance Adjustment or Line 9, Terminated.

#### Line 3b, Balance Adjustments

- \* Report corrections to Line 4, Newly Established, of the <u>previous report</u> (see Example 1, page 1 of attachment)
- \* Report amount of voluntary payment to reactivate a <u>previously terminated</u> claim (line 9 of previous report) (see Example 3, page 1 of attachment)
- \* Report interstate or intercounty claim transfers (see Example 2, page 1 of attachment)
- \* Report amount of voluntary payment to reactivate a <u>previously compromised</u> <u>claim</u> (Line 10 of previous report)
- \* Report amount by which a claim increased/decreased in a court determination or hearing (see Example 4, page 1 of attachment)
- \* Report number of claims increased/ decreased because a court determination or hearing separated/combined claims
- \* Report amount of original claim transferred to/from another category
- \* Do not report transfers between categories because of a court determination or hearing (use line 5)

#### Line 4, Newly Established

- \* Report number and amounts of claims established during the report quarter
- \* Note 1: Counties are not required to establish SAE claims less that or equal to \$35 per California FSP manual 63.801.12
- \* Note 2: Claims against a rehabilitation center are established under SAE
- \* Do not report claims which have been transferred from another county or State on Line 4. These claims are not Newly Established. They must be reported on Line 3b, Balance Adjustments.

#### Line 5, Transfers (+) or (-)

- \* Report claims (balance due amount and number) that are changed from one category to another <u>solely</u> because of a hearing or court determination (see Example 5, page 2 of attachment)
- \* Report claims changed to IPV because a household member signed either a waiver of right to an administrative disqualification hearing or a consent agreement
- \* Do not report intercounty or interstate transfers on line 5
- \* Note: Net effect of transfers is always 0

#### Line 6, Refunds

Sum of line 20a, Cash Refunds and line 20b, Non-Cash Refunds

#### Line 7, Total

Sum of lines 3a, 3b, 4, 5, and 6

#### Line 8, Closed

- \* Report the number of claims paid in full in report
- \* Report previously terminated claims, but reactivated by a voluntary payment in report quarter (see Example 6, page 2 of attachment)
- \* Report previously compromised claims, but reactivated by a voluntary payment in report quarter
- \* Do not report terminated claims on this line
- \* Do not report claims written off (in county's accounting system) on this line

#### Line 9, Terminated

- \* Report the number and amount (balance due) of claims that have been determined uncollectible in accordance with Section 273.18 of the Food Stamp regulations (see Example 7, page 2 of attachment)
- \* Report amount of claim removed because all household members have died before collection
- \* Report claims considered "paid in full" when client completes required public service work (see Example 8, page 2 of attachment)
- \* Report claims uncollectible due to bankruptcies
- \* Any claim which has been delinquent for 3 years
- \* Any claim which is found to be invalid in a fair hearing, administrative disqualification hearing or court determination
- \* Any claim which has an outstanding balance of \$25 or less and has been delinquent for 90 days or more
- \* Note: In no instance would a negative amount ever be reported in line 9

#### Line 10, Compromised

- \* Certain bankruptcies may result in the discharge of a portion of a claim. The amount of the claim discharged in a court of law would be considered a compromise and would be reported on line 10 as such.
- \* Do not report the remaining balance of the claim
- \* Note: In no instance would a negative amount be reported in line 10
- \* Administrative compromises, addressed in Section 273.18 of the Food Stamp regulations, would be reported here, however, California has elected not make administrative compromises

#### Lines 11a, Collection and

Line 11a, Collection is taken directly from Line 18a, Total

#### Line 11b, Collection Adjustments

Sum of line 18b, Cash Adjustment and line 18c, Non-Cash Adjustment

#### Line 12, Total

- \* For the number columns, sum of Line 8, Closed and Line 9, Terminated
- \* For the amount columns, sum of Line 9, Terminated, Line 10, Compromised, Line 11a, Collection, and Line 11b, Collection Adjustment

#### Line 13, Ending Balance

- \* Compute by subtracting the subtotal on Line 12, Total from the subtotal on Line 7, Total in the claims summary. This provides the outstanding balance of active and suspended claims
- \* The Ending Balance becomes the Beginning Balance (Line 3a) for the next quarter's report (must match exactly)

#### **Collection Summary:**

#### Line 14, Cash, Check, Money Orders

- \* Record the total amount of payments received in the form of cash, check, or money order during the quarter
- \* All TOP (Tax Offset Program) payments and collections are also included in this line (see Example 1, page 3 of attachment)
- \* Breakout amount of TOP collections in Remarks, Line 29
- \* Record all Franchise Tax Board (FTB) refunds and lottery offsets collected
- \* Do not reduce line 14 for cash refunds

#### Line 15, Food Stamps

- \* Note: The term "coupon" is used to describe payments in the form of paper food coupons and/or EBT benefit account deductions, therefore...
- \* Record the total amount of payments received in food coupons during the quarter
- \* Record payments made from deductions taken from the household's EBT benefit account subsequent to issuance
- Submit FNS-471, Coupon Account and Destruction Report as supporting documentation
- \* Submit FNS-135, Affidavit of Return or Exchange of Food coupon as supporting documentation
- \* Do not reduce line 15 for non-cash refunds

#### Line 16, Recoupment

- \* Record the total amount of payments received in the form of allotment reduction during the quarter (see Example 2, page 3 of attachment)
- \* Do not record collections made through offsetting restoration of lost benefits or deductions taken from household's EBT benefit account subsequent to issuance

#### Line 17, Offset

- \* Do not report TOP or State offset collections on this line
- \* The offsetting of restored benefits against outstanding claims is no longer allowable in California as a result of the Lopez vs. Espy. Therefore, CA should not be reporting any collections on this line.

#### Line 18a, Total

Sum of entries on Line 14, Cash, Checks, Money Orders, Line 15, Food Stamps, Line 16, Recoupment, Line 17, Offset.

#### Line 18b, Cash Adjustments

- \* Record the total amount of any amendments or corrections related to Line 14, Cash, Checks, Money Orders of a previous report
- \* Report the amount of checks recorded as collections in a previous report which have been returned due to insufficient funds (see Example 3, page 3 of attachment)
- \* Do not report cash adjustments caused by a transfer (line 19) or a refund (line 20a)
- \* Make notes in Line 29, Remarks

#### Line 18c, Non-Cash Adjustments

- \* Record the total amount of any amendments or corrections related to lines 15 through 17 of a previous report
- \* Note: Non-cash collections are collection via food coupons (including EBT benefits), allotment reductions, or offsets to restored benefits
- \* Make notes in Line 29, Remarks
- \* Adjustments to line 18c are usually caused by arithmetic or accounting errors when the non-cash collections were compiled for inclusion in a <u>previous report</u>
- \* Do not report non-cash adjustments for a transfer due to a court determination or hearing (use Line 19, Transfers)

#### Line 19, Transfers (+) or (-)

- \* Record the payments reported on <u>previous reports</u> collected from claims which were reported as transfers on line 5 (due to an administrative/court disqualification hearing) in the current FNS-209 report
- \* A corresponding entry must be on Line 5, Transfers
- \* Make notes in Line 29, Remarks

#### Line 20a, Cash Refunds

- \* Enter the value of refunds paid in cash to households who overpaid claims (reported as cash collections on line 14 of previous report) (see Example 4, page 3 of attachment)
- \* Include any cash refunds provided due to TOP overcollections
- \* Make notes in Line 29, Remarks
- \* Do not include amounts IRS refunded (this is reported on Line 3b, Balance Adjustment)
- \* Note: Because refunds reported on Line 20a, Cash Refunds and Line 20b, Non-Cash Refunds are brought up to Line 6, Refunds, (which increase balance of claims) do not make any adjustment on line 3b
- \* Under no instance would this line be negative

#### Line 20b, Non-Cash Refunds

- \* Report the amount of refunds paid in <u>coupons</u> or <u>EBT benefits</u> to households who overpaid claims (reported as collections on lines 15 through 17) in previous report
- \* Report any non-cash refunds made as a result of a claim overpaid due to benefits that were incorrectly offset (see Example 5, page 4 of attachment)
- \* Make notes in Line 29, Remarks
- \* Under no instance would this line be negative

#### Line 21, Total

- \* Sum of entries on Line18a, Total,
  - ⇒ Line 18b, Cash Adjustments
  - ⇒ Line 18c, Non-Cash Adjustments
  - ⇒ Line 19, Transfers
  - ⇒ Line 20a, Cash Refunds
  - ⇒ Line 20b, Non-Cash Refunds

#### Line 22, Retention Amount

- \* The retention amount is the amount of collections the county is entitled to keep (less State share, calculated by CDSS)
- \* For IPV, enter Line 21 x 35%
- \* For IHE, enter Line 21 x 20%

#### Line 23, Net Cash Collections

Sum of lines 14 and 18b, columns A, B, and C less sum of line 20a, columns A, B, and C

#### Line 24, Total (SA) Retention

Sum of line 22 columns A and B

#### Line 25, LOC Adj (+) or (-)

Line 23 less line 24

#### Line 26, Reimbursement Due FNS

CA does not exercise this option, leave this line blank

#### Line 27, Billing Adjustments

Enter total value of collections that have already been paid to FNS through prior FNS-46 Issuance Reconciliation billings

#### Line 28, Total Letter of credit Adjustments

- \* Line 25, LOC Adjustment less line 27, Billing Adjustment
- \* Note: Line 28 represents the amount of collections due FNS. This amount will be reduced by CDSS for TOP collections made (already retained by FNS) during the reporting period (see Example 6, page 5 of attachment)

### Line 29, Remarks

- \* Remarks and/or attachments must be included if there are entries on the following lines:
- \* Line 3b, Balance Adjustments
- \* Line 5, Transfers (+) or (-)
- \* Line 18b, Cash Adjustments (+) or (-)
- \* Line 18c, Non-Cash Adjustments (+) or (-)
- \* Line 19, Transfers (+) or (-)
- \* Line 20a, Cash Refunds
- \* Line 20b, Non-Cash Refunds
- \* Explain in Remarks the number and amount of any line entries which include claims and/or collections from rehabilitation centers
- \* Specify number and value of coupon loss on line entries which include claims involving public service work

Attachment: EXAMPLES, FNS209, STATUS OF CLAIMS AGAINST HOUSEHOLDS

5/31/00

#### EXAMPLES: FNS-209 STATUS OF CLAIMS AGAINST HOUSEHOLDS

#### Claim Summary Example 1:

#### Line 3b, Adjustments

In quarter 2, a fair hearing determines that an IHE claim for \$80, established in quarter 1, should never have been established. How is the reported?

♦ -1 (number) and =\$80 (amount) are reported on line 3b under IHE in quarter 2. Any refund given should be reported on either Line 20a, Cash Refunds or line 20b, Non-cash Refunds, as appropriate.

#### Claim Summary Example 2:

#### Line 3b, Adjustments

A household moves from Orange county to Arizona. The household had a balance of \$75 to pay on a IHE claim that Orange County will no longer try to collect. How does Orange county report this on their 209?

♦ The county will report a decrease of \$75 to line 3b under IHE.

#### Claim Summary Example 3:

#### Line 3b, Adjustments

A client Voluntarily makes a payment of \$50 against a previously terminated IHE \$100 claim. How is this reported?

♦ Report the \$50 payment as an increase on line 3b, IHE adjustment. The amount is also reported in the appropriate line item of the Collections Summary. Provide comment in line 29.

#### Claim Summary Example 4: Line 3b, Adjustments

In quarter 1, an IHE claim is established for \$100. In quarter 2, a court determination establishes it should be an IPV claim and for \$150.

♦ In quarter 2, an adjustment is made for +\$50 on line 3b of IPV. The transfer from IHE to IPV is reported in quarter 2 as -\$100 IHE and \$100 IPV on Line 5, Transfer.

#### Claims Summary Example 5:

#### Line 5, Transfer

A household's overissuance was referred for investigation. The overissuance was originally established in quarter 1 as an IHE claim for \$100. In quarter 2, during the disqualification hearing, an IPV was found to be committed. How is this reported in quarter 2?

◆ Report 1 and \$100 on Line 5, under IPV. Report -1 and -\$100 on Line 5, under IHE.

# Claim Summary Example 6: Line 8, Closed

old. How is this transaction reported?

A household makes a \$40 voluntary cash payment on a \$200 IHE claim that is five years

♦ This household is reactivating a previously terminated claim. Enter \$40 on Line 3b, Adjustments, enter 1 on Line 8, Closed and \$40 on Line 14, Cash Collections.

#### Claim Summary Example 7:

#### Line 9, Terminated

An IHE claim with a balance of \$100 has been determined as uncollectable. How is the balance reported?

• Report 1 and \$100 on Line 9, Terminated under IHE.

#### Claim Summary Example 8:

#### Line 9, Terminated

In quarter 1, a judge orders a client to do 100 hours of public service work to pay off a \$500 IPV claim. He completes the 100 hours in quarter 2. How is this situation reported in quarters 1 and 2?

♦ In quarter 1, enter 1 and \$500 in IPV, Line 4, Newly Established. In quarter 2, enter 1 and \$500 in IPV, Line 9, Terminated. Write remarks in line 29.

#### **Collection Summary Examples**

#### **Collection Summary Example 1:**

#### Line 14, Cash, Checks, Money Orders

A former client's \$50 tax refund is collected to pay on a \$200 PV claim. How is the collection reported?

Report \$50 on line 14 (post collection when the Treasury Intercept report is received). Amount is also included in Line 29, Remarks, or in addendum under IPV TOP collections.

#### **Collection Summary Example 2:**

#### Line 16, Recoupment

In month 1 of quarter 2, it's determined a client is entitled to \$125 in benefits. The client agrees to have \$20 in benefits recouped against his \$100 IHE claim. In month 2 of quarter 2, the client is again entitled to \$125 in benefits. The client chooses, however, to make a check payment for the \$80 claim balance. How are the transactions reported in quarter 2?

• In quarter 2, \$20 is reported on Line 16, Recoupment under IHE. \$80 is reported on Line 14, Cash, Check, M.O. Report 1 on Line 8, Closed under IHE.

#### Collection Summary Example 3:

#### Line 18b, Cash Adjustments (+) or (-)

At the end of quarter 1, a County receives a check for \$50 to pay on an IHE claim. In quarter 2, it is discovered the check is bad. How do you report for quarter 1 and 2?

• Enter \$50 on Line 14 in quarter 1. Enter -\$50 on Line 18b in quarter 2.

#### **Collection Summary Example 4:**

#### Line 20a, Cash Refunds

A household pays \$40 cash to close an SAE claim in month 1 of quarter 1. In month 2 of quarter 1, it is discovered that there was only a balance of \$20 due. The household was given a \$20 refund. How is this reported on quarter 1 report?

◆ This household has paid their claim in full, but overpaid it. Since the refund happened in the same quarter, the refund is not reflected on the report- only the closed case. Therefore, enter 1 on Line 8, Closed and \$20 on Line 14, Cash Collections.

#### Collection Summary Example 5:

#### Line 20b, Non-cash Refunds

In quarter 1, a household is entitled to \$100 in benefits. In the same quarter, \$20 is recouped for a prior quarter IPV claim. Therefore, an ATP for only \$80 is issued. In quarter 2, the \$80 ATP is returned unredeemed. How do you report this in quarter 2?

♦ The household did not participate and therefore, the recoupment never happened. On quarter 2 report, enter \$20 in Line 20b, Non-Cash Refunds under IPV.

Example 6 on following page.

#### Example 6:

#### Line 28, Total

Line 23, Net Cash Collections is \$200,000. Total Retention on line 24 is \$48,250 (\$26,250 + \$22,000). Therefore, lines 25 and 28, are \$151,750 (\$200,000 - \$48,250).

22	RETENTION AMOUNT (See Instructions)	\$26,250.00	\$22,000.00	
	NET CASH COLLECTION			
23	(14+18b-20a)	\$200,000.00	29. FEWARKS	ļ
	TOTAL SAFETENTION			
24	(22A+22B)	48,250.00		ĺ
25.	LOCADI (+) CR(-) (23-24)	151,750.00		
	REMBURSEMENTS DUE		1	İ
26.	FNS (See Instructions)	1	L.	
***********	BILLINGADUSTMENTS		1	
27.	(See Instructions)			
,,,,,,,,,,,	TOTALLETTERCFOREDT	,	J	
28.	ADJUSTIMENTS (25+26-27)	\$151,750.00		

TOP collections for the period were \$40,000 (\$25,000 IPV and \$15,000 IHE). FNS retained \$25,700 (65%) of all TOP collections.

CDSS reduces line 28 by the amount retained by FNS (\$25,700). This is the amount (\$126,050) of cash collections the county must "reimburse" to FNS.

#### STATE LETTER OF CREDIT OFFSET FNS-209 REPORT FOR:

		LESS, 65%	
	LINE 28:	TOP	
	TOTAL OFFSE	T FEDERAL	REVISED
COUNTY	TO STATE LO	RETENTION	LINE 28
ALAMEDA	\$ 151,750.0	0 \$ 25,700.00	\$ 126,050.00

To the revised Line 28, CDSS will add the State's share of the retention rate. In this example it would be \$24,125 (\$13,125 of IPV and \$11,000 of IHE). The total amount of LOC county offset is therefore, \$150,175.

OFFSET TO STATE		FED	S, 65% TOP ERAL ENTION	REV	ISED LINE 28	TOT SH/	TAL COSS NRE	UNTY LOC FSET
\$	151.750.00	\$	25.700.00	\$	126.050.00	\$	24.125.00	\$ 150,175,00

# OVERVIEW OF THE TREASURY OFFSET PROGRAM (TOP)

IHE, IPV, SAE CLAIMS ESTABLISHED BY COUNTY

> DELINQUENT DEBT SUBMITTED TO TOP AND MATCHED BY SSN AGAINST DEBTOR'S REFUND

TREASURY SENDS NET OFFSET AMOUNTS WEEKLY TO CDSS (OFFSET FEE IS PASSED ON TO DEBTOR)

CDSS WEEKLY SENDS EACH COUNTY
A RECORD OF DEBTS
COLLECTED

UPON RECEIPT OF WEEKLY CDSS REPORT, COUNTY POSTS CREDIT TO EACH DEBTOR'S CLAIM

> EACH COUNTY'S QTRLY 209 IS CONSOLIDATED INTO A STATEWIDE 209. CDSS ADJUSTS FOR FNS RETENTION

#### FNS -209 ADDENDUM

Purpose: This addendum is due with each Quarter's FNS-209 report, breaking out TOP collections, salary offsets (garnishments), and refund activity which comprise part of the total claims activity reported on the FNS-209. Please include data on the following:

- A. TOP Cycle numbers involved in the report period (reported to States weekly)
- B. Total # of IPV offsets
- C. Total # of IHE offsets
- D. Total # of AE offsets
- E. Total # of all offsets (B+C+D)
- F. Total \$ of IPV offsets
- G. Total \$ of IHE offsets
- H. Total \$ of AE offsets
- I. Total \$ of TOP offsets (F+G+H)
- J. Total # of refunds made due to TOP
- K. Total \$ of refunds made due to TOP

Rev. 6/00



#### United States Department of Agriculture

Food and Nutrition Service

Western Region

JUL 14 1939

ply to ttn of:

Administrative Notice 99-445

FS-2-GEN

ıbiect:

Sending 35% of Federal Collections for Food Stamp Recipient Claims to State Agencies

To:

ALL WESTERN REGION FOOD STAMP PROGRAM COORDINATORS

Effective October 1, 1999, we will change our process and retain 65% of the funds collected through Federal collection programs and send 35% to the State agency.

Since the beginning of the Federal Tax Refund Offset program in 1992, FNS has sent biweekly collection files and 100% of the amount collected back to the State agency. The State agency used information from the collection file to post to the client's accounts and to prepare the quarterly FNS-209, calculating their retention amount and returning the balance to FNS through letter of credit adjustments or checks. The Department of Treasury Cash Management Group recommended to FNS that we send only the amount the State agency was entitled to retain. In the absence of knowing the exact amount to send by claim type, We will send the highest retention amount (35%).

We are not revising the FNS-209 form to implement this change. State agencies will continue to post the entire amount of their collection file and prepare the FNS-209 form and addendum as they have been. Regional offices will adjust the letter of credit by the 65% retention amount. We do not anticipate States will have to make major system modifications to implement this change. We will provide States with updated FNS-209 addendum guidance.

If you have any questions, please contact your designated State Program Team.

Sincerely,

Judy a. Gudica

Tax Offset Program Coordinator

Food Stamp Program

Western Region

# THE FOLLOWING REPORT DUE DATES HAVE BEEN ESTABLISHED TO COMPLY WITH THE FEDERAL FOOD STAMP PROGRAM REQUIREMENTS:

		Federal	
Report	Due Dates	Regulations	Mail to
FNS-46	Within 90 days	7 CFR	* Original to FNS
ATP Reconcilitaion	after the end	274.4(b)(2)(ii)	**Copy to CDSS
Report	of the month		
FNS-209	Within 30 days	7 CFR	**Original to CDSS
Status of Claims	after the end	273.18(h)(2)	
Againist Households	of the quarter		
FNS-250	Within 45 days	7 CFR	* Original and 1
Food Coupon	after the end	274.4(b)(1)(v)	copy to FNS
Accountibility Report	of the month		**Copy to CDSS
FNS-259	Within 45 days	7 CFR	* Original to FNS
Food Stamp	after the end	274.4(b)(3)(1)	**Copy to CDSS
Issuance Report	of the quarter	. , , , , ,	-

<sup>\*</sup> USDA/FOOD AND NUTRITION SERVICE FINANCIAL MANAGEMENT/DATA MANAGEMENT UNIT 550 KEARNY STREET, ROOM 400 SAN FRANCISCO, CALIFORNIA 94108-2518

FEDERAL FISCAL YEAR DUE DATES:

	1 m / // 1 m m m m m m m m m m m m m m m			
MONTH	FNS-46	FNS-209	FNS-250	FNS-259
October 1999	1-31-00		12-15-99	
November 1999	2-29-00		1-14-00	
December 1999	3-30-00	1-31-00	2-14-00	2-14-00
January 2000	5-1-00		3-16-00	
February 2000	5-30-00		4-14-00	
March 2000	6-29-00	5-1-00	5-15-00	5-15-00
April 2000	7-31-00		6-14-00	
May 2000	8-29-00		7-17-00	
June 2000	9-28-00	7-31-00	8-14-00	8-14-00
July 2000	10-30-00		9-14-00	
August 2000	11-29-00		10-16-00	
September 2000	12-29-00	10-30-00	11-14-00	11-14-00

<sup>\*\*</sup> CALIFORNIA DEPARTMENT OF SOCIAL SERVICES FUND ACCOUNTING AND REPORTING BUREAU 744 P STREET, M.S. 13-75 SACRAMENTO, CALIFORNIA 95814

ATTENTION: JANET LOPEZ